

**FEC  
FORM 3X****REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

FREEDOM PLAINS ACTION NETWORK

ADDRESS (number and street)

4790 CAUGHLIN PARKWAY #767

☐ Check if different than previously reported. (ACC)

RENO

NV

89519

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00509927

3. IS THIS  
REPORT☒NEW  
(N)

OR

☐AMENDED  
(A)

## 4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☐ April 15  
Quarterly Report (Q1)☒ July 15  
Quarterly Report (Q2)☐ October 15  
Quarterly Report (Q3)☐ January 31  
Year-End Report (YE)☐ July 31 Mid-Year  
Report (Non-election  
Year Only) (MY)☐ Termination Report  
(TER)(b) Monthly  
Report  
Due On:☐ Feb 20 (M2)☐ May 20 (M5)☐ Aug 20 (M8)☐ Nov 20 (M11)  
(Non-Election  
Year Only)☐ Mar 20 (M3)☐ Jun 20 (M6)☐ Sep 20 (M9)☐ Dec 20 (M12)  
(Non-Election  
Year Only)☐ Apr 20 (M4)☐ Jul 20 (M7)☐ Oct 20 (M10)☐ Jan 31 (YE)

(c) 12-Day

PRE-Election

Report for the:

☐ Primary (12P)☐ Convention (12C)☐ General (12G)☐ Special (12S)☐ Runoff (12R)

Election on

M M M / D D D / Y Y Y Y Y Y

in the  
State of

(d) 30-Day

POST-Election

Report for the:

☐ General (30G)☐ Runoff (30R)☐ Special (30S)

Election on

M M M / D D D / Y Y Y Y Y Y

in the  
State of

5. Covering Period

M M M / D D D / Y Y Y Y Y Y  
04 01 2012

through

M M M / D D D / Y Y Y Y Y Y  
06 30 2012

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Scott Bensing

Signature of Treasurer

Scott Bensing

[Electronically Filed]

Date

M M M / D D D / Y Y Y Y Y Y  
07 13 2012

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office  
Use  
Only**FEC FORM 3X**  
Rev. 12/2004

# SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

FREEDOM PLAINS ACTION NETWORK

Report Covering the Period: From: M M / D D / Y Y Y Y Y Y  
04 / 01 / 2012 To: M M / D D / Y Y Y Y Y Y  
06 / 30 / 2012

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <span style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</span> <span style="border: 1px solid black; padding: 2px;">2012</span>		0.00
(b) Cash on Hand at Beginning of Reporting Period.....	0.00	
(c) Total Receipts (from Line 19) .....	15125.00	15125.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	15125.00	15125.00
7. Total Disbursements (from Line 31) .....	11010.04	11010.04
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	4114.96	4114.96
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	1164.00	



This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

## For further information contact:

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

# **DETAILED SUMMARY PAGE** of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

**FREEDOM PLAINS ACTION NETWORK**

Report Covering the Period:

From:

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	01	/	2012

To:

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	30	/	2012

**I. Receipts**
**COLUMN A**  
Total This Period

**COLUMN B**  
Calendar Year-to-Date

## 11. Contributions (other than loans) From:

## (a) Individuals/Persons Other

Than Political Committees

(i) Itemized (use Schedule A).....

15000.00

15000.00

(ii) Unitemized .....

125.00

125.00

(iii) TOTAL (add

Lines 11(a)(i) and (ii)..... ▶

15125.00

15125.00

(b) Political Party Committees .....

0.00

0.00

(c) Other Political Committees

(such as PACs).....

0.00

0.00

(d) Total Contributions (add Lines

11(a)(iii), (b), and (c)) (Carry

Totals to Line 33, page 5) ..... ▶

15125.00

15125.00

## 12. Transfers From Affiliated/Other

Party Committees.....

0.00

0.00

## 13. All Loans Received .....

0.00

0.00

## 14. Loan Repayments Received.....

0.00

0.00

## 15. Offsets To Operating Expenditures

(Refunds, Rebates, etc.)

(Carry Totals to Line 37, page 5).....

0.00

0.00

## 16. Refunds of Contributions Made

to Federal Candidates and Other

Political Committees.....

0.00

0.00

## 17. Other Federal Receipts

(Dividends, Interest, etc.).....

0.00

0.00

## 18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account

(from Schedule H3).....

0.00

0.00

(b) Levin Funds (from Schedule H5) .....

0.00

0.00

(c) Total Transfers (add 18(a) and 18(b))..

0.00

0.00

19. Total Receipts (add Lines 11(d),  
12, 13, 14, 15, 16, 17, and 18(c))..... ▶

15125.00

15125.00

## 20. Total Federal Receipts

(subtract Line 18(c) from Line 19) ..... ▶

15125.00

15125.00

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	1923.44	1923.44
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	1923.44	1923.44
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditures (use Schedule E) .....	9086.60	9086.60
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements .....	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	11010.04	11010.04
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	11010.04	11010.04

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	15125.00	15125.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	15125.00	15125.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ..... ►	1923.44	1923.44
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) ..... ►	1923.44	1923.44

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 OF 10  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**FREEDOM PLAINS ACTION NETWORK**

Full Name (Last, First, Middle Initial)

## **A. Deryl Hamann**

Mailing Address 1500 Woodman Tower

City State Zip Code  
Omaha NE 68102

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Baird Holm LLP

Occupation

Attorney

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 30 / 2012

Transaction ID : SA11AI.4127

Amount of Each Receipt this Period

5000.00

Full Name (Last, First, Middle Initial)

## **B. Mid America Bio Energy & Commodities**

Mailing Address PO Box 1655

City State Zip Code  
North Platte NE 69101

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 07 / 2012

Transaction ID : SA11AI.4132

Amount of Each Receipt this Period

5000.00

Full Name (Last, First, Middle Initial)

## **C. Standard Ethanol LLC**

Mailing Address PO Box 1655

City State Zip Code  
North Platte NE 69101

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 07 / 2012

Transaction ID : SA11AI.4130

Amount of Each Receipt this Period

5000.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

15000.00

15000.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 7 OF 10

☒ 21b    ☐ 22    ☐ 23    ☐ 24    ☐ 25    ☐ 26  
☐ 27    ☐ 28a    ☐ 28b    ☐ 28c    ☐ 29    ☐ 30b

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NAME OF COMMITTEE (In Full)

**FREEDOM PLAINS ACTION NETWORK**

Full Name (Last, First, Middle Initial)

**A. Gober Hilgers PLLC**Mailing Address 2101 Cedar Springs Road  
Suite 1050

City Dallas State TX Zip Code 75201

Purpose of Disbursement  
Legal Services

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President  
State: District:Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y  
05 / 21 / 2012**Transaction ID : SB21B.4115**

Amount of Each Disbursement this Period

426.29

Full Name (Last, First, Middle Initial)

**B. Gober Hilgers PLLC**Mailing Address 2101 Cedar Springs Road  
Suite 1050

City Dallas State TX Zip Code 75201

Purpose of Disbursement  
Legal Services

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President  
State: District:Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y  
05 / 21 / 2012**Transaction ID : SB21B.4118**

Amount of Each Disbursement this Period

756.00

Full Name (Last, First, Middle Initial)

**C. Gober Hilgers PLLC**Mailing Address 2101 Cedar Springs Road  
Suite 1050

City Dallas State TX Zip Code 75201

Purpose of Disbursement  
Legal Services

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President  
State: District:Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y  
05 / 21 / 2012**Transaction ID : SB21B.4119**

Amount of Each Disbursement this Period

60.00

**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

1242.29

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 8 OF 10

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**FREEDOM PLAINS ACTION NETWORK**

Full Name (Last, First, Middle Initial)

**A. Gober Hilgers PLLC**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		21		2012

Mailing Address 2101 Cedar Springs Road  
Suite 1050

City Dallas State TX Zip Code 75201

Purpose of Disbursement  
Legal Services

001

Candidate Name

Category/  
Type**Transaction ID : SB21B.4120**

Amount of Each Disbursement this Period

350.00
--------

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

**B. Majority Strategies**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		09		2012

Mailing Address 135 Professional Drive  
Suite 104

City Ponte Vedra Beach State FL Zip Code 32082

Purpose of Disbursement  
Website

004

Candidate Name

Category/  
Type**Transaction ID : SB21B.4124**

Amount of Each Disbursement this Period

250.00
--------

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

**C.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
-------	---	-------	---	-------------

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/  
Type

Candidate Name

Amount of Each Disbursement this Period

--

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**SUBTOTAL** of Disbursements This Page (optional)..... ►

600.00
--------

**TOTAL** This Period (last page this line number only)..... ►

1842.29
---------

**SCHEDULE D (FEC Form 3X)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
for each  
numbered line)

PAGE 9 OF 10

FOR LINE NUMBER:  
(check only one)☐ 9  
☒ 10

NAME OF COMMITTEE (In Full)

**FREEDOM PLAINS ACTION NETWORK**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**Gober Hilgers PLLC**Nature of Debt (Purpose):  
Legal ServicesMailing Address 2101 Cedar Springs Road  
Suite 1050City State Zip Code  
Dallas TX 75201

Outstanding Balance Beginning This Period

426.29

Transaction ID : SD10.4103

Amount Incurred This Period

0.00

Payment This Period

426.29

Outstanding Balance at Close of This Period

0.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**Gober Hilgers PLLC**Nature of Debt (Purpose):  
Legal ServicesMailing Address 2101 Cedar Springs Road  
Suite 1050City State Zip Code  
Dallas TX 75201

Outstanding Balance Beginning This Period

756.00

Transaction ID : SD10.4101

Amount Incurred This Period

0.00

Payment This Period

756.00

Outstanding Balance at Close of This Period

0.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**Gober Hilgers PLLC**Nature of Debt (Purpose):  
Legal ServicesMailing Address 2101 Cedar Springs Road  
Suite 1050City State Zip Code  
Dallas TX 75201

Outstanding Balance Beginning This Period

0.00

Transaction ID : SD10.4112

Amount Incurred This Period

1164.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

1164.00

1) **SUBTOTALS** This Period This Page (optional)..... ►

1164.00

2) **TOTALS** This Period (last page this line number only)..... ►

1164.00

3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) ..... ►

0.00

4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ►

1164.00

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 10 OF 10  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>FREEDOM PLAINS ACTION NETWORK</b>		<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <b>C</b> C00509927       </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span>		

Full Name (Last, First, Middle Initial) of Payee <b>Majority Strategies</b>		Date <span style="border: 1px solid black; padding: 2px;">05</span> / <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">2012</span>	
Mailing Address 135 Professional Drive Suite 104		Amount <span style="border: 1px solid black; padding: 2px;">9086.60</span>	
City Ponte Vedra Beach	State FL	Zip Code 32082	
Purpose of Expenditure Mailing	Category/ Type <span style="border: 1px solid black; padding: 2px;">006</span>	Office Sought: <input type="checkbox"/> House State: <u>NE</u> <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate Supported or Opposed by Expenditure: <b>JON C BRUNING</b>		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">9086.60</span>		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

Full Name (Last, First, Middle Initial) of Payee		Date <span style="border: 1px solid black; padding: 2px;">M M</span> / <span style="border: 1px solid black; padding: 2px;">D D</span> / <span style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</span>	
Mailing Address		Amount <span style="border: 1px solid black; padding: 2px;"></span>	
City	State	Zip Code	
Purpose of Expenditure	Category/ Type <span style="border: 1px solid black; padding: 2px;"></span>	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> President Check One: <input type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate Supported or Opposed by Expenditure:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;"></span>		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....	<span style="border: 1px solid black; padding: 2px;">9086.60</span>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	<span style="border: 1px solid black; padding: 2px;"></span>
(c) <b>TOTAL</b> Independent Expenditures.....	<span style="border: 1px solid black; padding: 2px;">9086.60</span>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Scott Bensing

Signature

[Electronically Filed]

Date

07 / 13 / 2012